

## APPLICATION FOR CLINICAL CLERKSHIP TRAINING PROGRAM (CCTP) FOR MEMBERS OF ARNG AND USAR

For use of this form, see AR 601-130, Chapter 7; the proponent agency is Office of The Surgeon General

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 10 USC 3012, 10 USC 4301, Executive Order 9397.

2. PRINCIPAL PURPOSE(S): To apply for ADT at AMEDD facilities.

3. ROUTINE USES: Information is used to assure eligibility of individuals requesting CCTP at AMEDD facilities; budgetary control; and issuance of orders for selected participants. Form is filed in officer's personnel record.

4. MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of personal information is voluntary. Failure to provide information may result in not being selected for CCTP.

THRU:	TO:  HQDA (SGPE-PDM) WASH DC 20324	FROM: (NAME - Last, First, Middle Initial)
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1. SSN	2. GRADE	3. BRANCH	4. ARNG OR USAR ASSIGNMENT (Unit or USAR Control Group; if attached to another unit for administration, list unit of attachment)
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5. I DESIRE TRAINING

(check one)

☐ CCTPI☐ CCTPII

(check one)

☐ Clinical Prog☐ Preventive Medicine Prog☐ Research Prog☐ Pathology Prog☐ Aviation Medicine Prog

6. I AM NOW A

☐ medical☐ osteopathic☐ dental student:☐ Sophomore;☐ Junior;☐ Senior

AT THE

(Name and Location of School)

7. I DESIRE TO BEGIN MY ADT PERIOD FOR THE CLERKSHIP ON \_\_\_\_\_.  
INCLUDING TRAVEL TIME, FOR \_\_\_\_\_ DAYS (not to exceed 60 days).8. I PREFER TO PARTICIPATE IN THIS TRAINING PROGRAM AT THE FOLLOWING FACILITIES LISTED IN SEQUENCE OF CHOICE  
(see AR 601-130, Chapter 7, par 7-6)

a.

d.

b.

e.

c.

f.

9. I ☐ HAVE ☐ HAVE NOT PREVIOUSLY PARTICIPATED IN THE CCTP. LIST DATES OF LAST CCTP, IF APPLICABLE.

10. ON THE DATE I DESIRE TO ENTER THE PROGRAM MY ADDRESS WILL BE

MY PHONE NUMBER IS \_\_\_\_\_. ANY CHANGE IN THIS ADDRESS MUST BE PROMPTLY REPORTED TO  
HQDA (SGPE-PDM), WASH DC 20324.

SIGNATURE OF APPLICANT

DATE

## DEAN'S COMMENTS

\_\_\_\_\_  
(Student's Name) relative class standing is \_\_\_\_\_ out of \_\_\_\_\_.

Remarks:

NAME AND TITLE (printed or typed) AND SIGNATURE OF DEAN

NAME AND LOCATION OF SCHOOL